



Application for Air Carrier Fuel Tax License

DR-176
R. 08/03

This application must be completed in its entirety along with the appropriate attachments and be approved by the Florida Department of Revenue prior to engaging in or conducting business involving fuel in the State of Florida.

1. **Federal Employer Identification Number (FEIN)** -
2. **Business Name** _____ Phone # _____
3. **Trade Name, D.B.A. or A.K.A.** _____ Fax # _____
4. **Contact Person** _____ Phone # _____ ext. _____

5. **Type of Organization** (Please check only one)

- ☐ Individual Proprietorship ☐ Privately Held Corporation ☐ Wholly Owned Subsidiary of Publicly Held Corporation
☐ Publicly Held Corporation ☐ Limited Partnership ☐ Partnership/General Partnership
☐ Joint Venture ☐ Government Agency ☐ Business Trust

6. **Principal Business Location Address** (Cannot be a *post office box*)

Street _____
City _____ County _____
State _____ ZIP _____
Country _____ Foreign Postal Code _____

For DOR use only - Do not write in this space.

7. **Do you receive tax-free aviation fuel under U.S. Customs bond?**

☐ Yes ☐ No

If Yes, enter the average number of gallons received per month _____

8. **Corporation Information**

A) License Applicant: If filing as a corporation, list the state in which you are incorporated: _____

List other states where your corporation has operated or is operating: _____

B) Parent Corporation (if applicable) _____

Parent Corporation FEIN -

Parent Corporation Name _____

Parent Corporation Address _____

City _____ State _____ ZIP _____

Phone # _____ ext. _____ Country _____ Foreign Postal Code _____

NOTE: If incorporated in a state other than Florida, you must attach a certified copy of the certificate or license issued by the Florida Secretary of State authorizing such corporation to transact business in Florida.

9. **Personnel/Partner Information**

Full name, SSN, FEIN (if applicable), and address of each corporate officer, owner, general partner, stockholder with a controlling interest, and/or director. (Make copies of this page if additional space is needed.)

A) Name _____ SSN - - (Individual)

Home address _____ FEIN - (Business)

City _____ State _____ ZIP _____

Phone # _____ ext. _____ Country _____ Foreign Postal Code _____

Corporate or Business Title _____ Interest/Ownership _____ %

9. Personnel/Partner Information - continued

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B) Name _____ SSN -- (Individual)
 Home address _____ FEIN - (Business)
 City _____ State _____ ZIP _____
 Phone # _____ ext. _____ Country _____ Foreign Postal Code _____
 Corporate or Business Title _____ Interest/Ownership _____ %

C) Name _____ SSN -- (Individual)
 Home address _____ FEIN - (Business)
 City _____ State _____ ZIP _____
 Phone # _____ ext. _____ Country _____ Foreign Postal Code _____
 Corporate or Business Title _____ Interest/Ownership _____ %

D) Name _____ SSN -- (Individual)
 Home address _____ FEIN - (Business)
 City _____ State _____ ZIP _____
 Phone # _____ ext. _____ Country _____ Foreign Postal Code _____
 Corporate or Business Title _____ Interest/Ownership _____ %

Affidavit of Applicant(s)

I, the undersigned individual(s), or if a corporation for itself, its officers, and directors, hereby swear or affirm under penalty of perjury as provided in sections 659.791, 562.45, and 837.06, Florida Statutes, that I am duly authorized to make the foregoing application, and hereby swear or affirm that the application and all attachments are true and correct representation(s) of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officials and agents of the Department of Revenue, for purposes of determining compliance with the Florida fuel laws.

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me
this _____ day of _____, _____._____
Signature of Notary Public_____
Signature of Applicant_____
Print or Type Applicant's Name_____
Print, Type or Stamp Name of NotaryPersonally Known _____ or Produced Identification _____
Type of Identification Produced _____**WARNING:**

Read carefully: This instrument is a sworn document. False answers could result in criminal prosecution subject to fine and /or imprisonment and denial of your application.

Instructions for Application for Air Carrier Fuel Tax License

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Who must register?

A commercial air carrier that operates in Florida must apply to the Department of Revenue for an air carrier fuel tax license. To obtain a license, the applicant must complete an *Application for Air Carrier Fuel Tax License* (Form DR-176) and furnish all documentation that the Department may require. The license must be renewed annually.

How much is the registration fee?

The fee for a Florida Air Carrier Fuel Tax License is \$30. The fee for renewals is also \$30.

Where do I send the application and the required fee?

Mail this application with the required fee and the applicable surety bond(s) to:

CENTRAL REGISTRATION - FUEL UNIT
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6480
TALLAHASSEE FL 32314-6480

Do not send cash.

How and when do I report the tax?

Once you have registered to collect and/or report aviation fuel tax, you will receive a monthly *Florida Air Carrier Fuel Tax Return* (Form DR-182). The return, your payment and supporting schedules are due on the 1st and late after the 20th day of the month following the collection period printed on the return. To avoid penalty and interest, the return must be postmarked no later than the 20th. However, if the 20th falls on a Saturday, Sunday, or federal or state holiday, the return will not be considered late if it is postmarked on the first business day following the 20th. **A return must be filed even if no tax is due.**

If you make tax payment using electronic funds transfer (EFT), funds must be transmitted no later than 5:00 p.m., ET, on the banking business day prior to the 20th.

When do I need to contact the Department of Revenue?

- To file this application.
- If your business moves.
- If you close your business.
- If you change or add a licensable business activity.
- If your contact person changes.

For Information and Forms



Information and forms are available on our Internet site at

www.myflorida.com/dor



To speak with a Department of Revenue representative, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 1-800-352-3671 (in Florida only) or 850-488-6800.



For a written response to your questions, write:

TAXPAYER SERVICES
FLORIDA DEPARTMENT OF REVENUE
1379 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304-2716



Hearing or speech impaired persons may call the TDD line at 1-800-367-8331 or 850-922-1115.



Department of Revenue service centers host educational seminars about Florida's taxes. For a schedule of upcoming seminars,

- Visit us online at **www.myflorida.com/dor** or
- Call the service center nearest you.



To receive forms by mail:

- Order multiple copies of forms from our Internet site at **www.myflorida.com/dor/forms** or
- Fax your form request to the DOR Distribution Center at 850-922-2208 or
- Call the DOR Distribution Center at 850-488-8422 or
- Mail your form request to:
DISTRIBUTION CENTER
FLORIDA DEPARTMENT OF REVENUE
168A BLOUNTSTOWN HWY
TALLAHASSEE FL 32304-3702

To receive a fax copy of a form, call 850-922-3676 from your fax machine telephone and follow the voice prompts.